

FORM -III

CEWSSR No:

Issue Date of CEWSSR:.....

Certificate for Execution of Work as Per Structural Safety Requirement (CEWSSR)

(This certificate Adheres to Jharkhand Municipal Act 2011, Jharkhand Regional Development Authority Act 2002, Mineral Area Development Authority Act, Jharkhand industrial Area Development Authority Act, & Jharkhand Building Bye-Laws 2016)

Owner / Builder Name	: Sushil K. Sahu	Registration no. of LTP	: SNP/ENG/0019/2020
Name of Local body	: Seraikella Nagarpanchayat	Validity of Registration No. of LTP	:
Plot No.	: 246	Village Name / Mouza Name	: SERAIKELLA
Ward No.	: 7, old - 2	Project / Proposal Type	: NEW
Thana name / No.	: 301	Occupancy Type/Purpose	: RESIDENTIAL
Khasra/ Khatian No.	: 158	Application / file no.	: SNPC/TEMP/BP/0005/W07/2021
Village Name / Mouza Name	: Seraikella	Date and Time of Application / file	:
Street address	: BIHARI COLONI	CEWSSR (No)	:
Landmark / Locality	: NEAR ALLAHABADBANK	Issue date of CEWSSR	:

With respect to the building work for above said project/proposal type with respect of above referred plot. I certify;

1. That the building has been constructed according to structural design and specification prepared by me which incorporates the provisions of structural safety norms as specified in part 6 (Structural Design) of the national building code of India, 2005 and other relevant codes and the design complies with the Earthquake safety requirement.
2. That the construction has been done under my supervision and guidance and adheres to the structural drawings and specifications prepared by me and records of supervision have been maintained.

Any subsequent changes or deviation from the structural drawings and specifications shall be the responsibility of the owner / builder.

Authorized Signatory

(Name of Structure Engineer / Civil Engineer)

Registration No.....

Validity No.....

Address:.....

Anita Kumari

ANITA KUMARI
Civil Engineer (Registered)
No- SNP / ENG / 0019 / 2020

Sushil Kumar Sahu
Authorized Signatory

(Name of Owner/Builder)

Registration No.....

Validity No.....

Address:.....